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**** CONTINUING DATA *******

This application is a DIV of 08/897,358 07/21/1997 ABN which is a CON of 08/330,327 10/27/1994 PAT 5,683,345

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/07/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 12	TOTAL CLAIMS 12 14	INDEPENDENT CLAIMS 4 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>MELOUL</i> Allowance Examiner's Signature <i>MELOUL</i> Initials				

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TITLE

METHOD AND APPARATUS FOR TREATING A DESIRED AREA IN THE VASCULAR SYSTEM OF A PATIENT

FILING FEE RECEIVED 419	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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